SIGNET HEALTH & REHAB CTR-PRESCOTT

1505 ORRIN RD

PRESCOTT 54021 Phone	e:(715) 262-5661		Ownership:	Corporation
Operated from 1/1 To 12/31 Day	s of Operation: 3	366	Highest Level License:	Skilled
Operate in Conjunction with Hospit	al?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed	(12/31/04): 6	65	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31	1/04):	65	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	4	42	Average Daily Census:	44

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)							
<u>:</u>		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	28.6		
Supp. Home Care-Personal Care	No					1 - 4 Years	42.9		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.8	More Than 4 Years	28.6		
Day Services	No	Mental Illness (Org./Psy)	42.9	65 - 74 7.3					
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	16.7		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse 0.0 85 - 94 50.0 **********************************					*******		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	2.4	95 & Over	21.4	Full-Time Equivalent			
Congregate Meals No		Cancer		0.0		- Nursing Staff per 100 Residents			
Home Delivered Meals No		Fractures	7.1	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	0.0	65 & Over	95.2				
Transportation	No	Cerebrovascular	19.0			RNs	7.2		
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	16.6		
Other Services	No	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for Other Medical Conditions		28.6	Male	23.8	Aides, & Orderlies	36.8			
Mentally Ill	No			Female	76.2				
Provide Day Programming for			100.0	İ					
Developmentally Disabled No				İ	100.0				
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	ું	Per Diem (\$)	No.	%	Per Diem (\$)	No.	~	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	325	23	100.0	127	0	0.0	0	14	100.0	151	0	0.0	0	0	0.0	0	42	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		23	100.0		0	0.0		14	100.0		0	0.0		0	0.0		42	100.0

SIGNET HEALTH & REHAB CTR-PRESCOTT

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	31.9	Bathing	2.4		81.0	16.7	42
Other Nursing Homes	1.4	Dressing	2.4		83.3	14.3	42
Acute Care Hospitals	56.9	Transferring	14.3		69.0	16.7	42
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.9		69.0	19.0	42
Rehabilitation Hospitals	0.0	Eating	76.2		11.9	11.9	42
Other Locations	2.8	*******	******	*****	*****	******	******
Total Number of Admissions	72	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.1	Receiving Resp	iratory Care	9.5
Private Home/No Home Health	27.7	Occ/Freq. Incontiner	nt of Bladder	57.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	30.1	Occ/Freq. Incontiner	nt of Bowel	38.1	Receiving Suct	ioning	0.0
Other Nursing Homes	1.2	į			Receiving Osto	my Care	4.8
Acute Care Hospitals	13.3	Mobility			Receiving Tube	Feeding	2.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.4	Receiving Mech	anically Altered Diets	38.1
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	4.8	Skin Care			Other Resident C	haracteristics	
Deaths	22.9	With Pressure Sores		4.8	Have Advance D	irectives	88.1
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	83				Receiving Psyc	hoactive Drugs	59.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	67.7	88.5	0.76	89.0	0.76	90.5	0.75	88.8	0.76
Current Residents from In-County	66.7	80.0	0.83	81.8	0.82	82.4	0.81	77.4	0.86
Admissions from In-County, Still Residing	9.7	17.8	0.55	19.0	0.51	20.0	0.49	19.4	0.50
Admissions/Average Daily Census	163.6	184.7	0.89	161.4	1.01	156.2	1.05	146.5	1.12
Discharges/Average Daily Census	188.6	188.6	1.00	163.4	1.15	158.4	1.19	148.0	1.27
Discharges To Private Residence/Average Daily Census	109.1	86.2	1.27	78.6	1.39	72.4	1.51	66.9	1.63
Residents Receiving Skilled Care	100	95.3	1.05	95.5	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	95.2	92.4	1.03	93.7	1.02	91.8	1.04	87.9	1.08
Title 19 (Medicaid) Funded Residents	54.8	62.9	0.87	60.6	0.90	62.7	0.87	66.1	0.83
Private Pay Funded Residents	33.3	20.3	1.64	26.1	1.28	23.3	1.43	20.6	1.62
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	42.9	31.7	1.35	34.4	1.25	37.3	1.15	33.6	1.28
General Medical Service Residents	28.6	21.2	1.35	22.5	1.27	20.4	1.40	21.1	1.36
Impaired ADL (Mean)	48.1	48.6	0.99	48.3	1.00	48.8	0.99	49.4	0.97
Psychological Problems	59.5	56.4	1.06	60.5	0.98	59.4	1.00	57.7	1.03
Nursing Care Required (Mean)	7.4	6.7	1.11	6.8	1.09	6.9	1.08	7.4	1.00